

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C.H.	32	11-26-01
O.I.P.E. CLASSIFIER	LS	32	11-26-01
FORMALITY REVIEW	CC	321114	11-15-01
RESPONSE FORMALITY REVIEW	SP	1027	11-26-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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5C-859  
 8/16  
 26-1  
 11-26-01